

Interview Summary

Application No. 09/646,740

Applicant(s)

Examiner

Wuttke et al.

Michele Flood

Art Unit 1654

All participants (applicant, applicant's representative, PTC) personnel):
(1) Michele Flood	(3)
(2) Kathleen M. Olster	(4)
Date of Interview Mar 11, 2003	
Type: a) ☑ Telephonic b) ☐ Video Conference c) ☐ Personal [copy is given to 1) ☐ applicant	2) applicant's representative]
Exhibit shown or demonstration conducted: d) \(\subseteq \text{Yes} \)	e) 🛛 No. If yes, brief description:
Claim(s) discussed: None	· · ·
Identification of prior art discussed: None	
Agreement with respect to the claims f) 🛛 was reached	d. g)□ was not reached. h)□ N/A.
Substance of Interview including description of the general any other comments:	al nature of what was agreed to if an agreement was reached, or
Applicant's representative was informed that the present	application is abandoned in view of Applicant's failure to
	ted that the previous Office action had not been received, and
she requested a copy via facsimile. However, the Office	notes that the previous Office action of Paper No. 12 was
returned to the office due to Applicant's failure to submit	a change of address; and, upon Applicant's request a copy of
Paper No. 12 (dated 8/5/2002) was facsimiled to Applica	ant on 11/5/2002. Applicant was advised to send in a change of
address when petitioning for revival of the abandoned app	plication. Per Applicant's request, copy of Paper No. 12 was
fascimiled to Applicant at Fax Number (626) 577-8800.	
allowable, if available, must be attached. Also, where no available, a summary thereof must be attached.) i) It is not necessary for applicant to provide a sep	ndments which the examiner agreed would render the claims of copy of the amendments that would render the claims allowable interview (if box is checked).
INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See Malready been filed, APPLICANT IS GIVEN ONE MONTH FF	MAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST IPEP section 713.04). If a reply to the last Office action has ROM THIS INTERVIEW DATE TO FILE A STATEMENT OF THE ord of Interview requirements on reverse side or on attached
Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.	Examiner's signature, if required